



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	WOLF et al.	Examiner:	Pierre Miche Bataille	
Application No.:	10/816,471	Art Unit:	2186	
Filed:	April 1, 2004	Docket No.:	AZULP003	
Title:	COOPERATIVE MEM	PERATIVE MEMORY MANAGEMENT		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in a prepaid envelope addressed to: Commissioner for Patents, Mail Stop RCE, P.O. Box 1450, Alexandria, VA 22313-1450 on:

<u>412</u>, 2007.

Elaine Nguyen

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL FILED WITH AMENDMENT B

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 CFR §1.114 of the above-identified application.

1. Submission	required und	er 37 CFR §1.114		
a. 🗌	Previously su	ibmitted: Consider the amendment(s)/reply under 37 CF	FR §1.116 previ	ously
	filed	on		
•		Consider the arguments in the Appeal Brief or	Reply Brief pro	viously
	filed	on		
		Other		
b. 🛛	Enclosed:		. d	8
	\boxtimes	Amendment/Reply	00*	471 790 <u>.</u> 00
		Affidavit(s)/Declaration(s)	10816471	8164
		Information Disclosure Statement (IDS)		72 10
		Other	90000072	00000
				R1 00
ATTORNEY DOCK Application No.: 10		Page 1 of 2	1/04/2007 WABDELR1 2 FC:1252	04/04/2007 WABDELR1 00000072 10816471 01 FC:1801

Fee Calculation: The fee for excess claims, if applicable, has been calculated as shown below.

				Small Entity		Large Entity		
			Γ	Rate	Fee		Rate	Fee
RCE FILING FEE		x \$395 = \$		OR	x \$790 = \$	790.00		
CLAIMS	After RCE	*HP	Extra					Q. PILLETTON OR (TOTAL PRINCIPLE AND DESIGNATION OF THE PRINCIPLE
Total	37	38		x \$25 = \$		OR	x \$50 = \$	
Independent	9	9		x \$100 = \$		OR	x \$200 = \$	
Multiple Dependent Claims -0-		x \$180 = \$		OR	x \$360 = \$			
*HP = Highest previously paid			TOTAL FEES \$			TOTAL FEES \$	790.00	

MISCEIL	ineous:
a.	Suspension of action on the above-identified application is requested under
	37 CFR §1.103(c) for a period ofmonths.
b	Other

Applicant hereby petitions for an extension of time as follows: 3. X

	SMALL ENTITY			LARGE ENTITY	
	Rate	Add'l Fee		Rate	Add'l Fee
Extension for Response within FIRST month	x \$60 = \$		OR	x \$120 = \$	
Extension for Response within SECOND month	x \$225 = \$		OR	x \$450 = \$	450.00
Extension for Response within THIRD month	x \$510 = \$		OR	x \$1020 = \$	
Extension for Response within FOURTH month	x \$795 = \$		OR	x S1590 = S	
Extension for Response within FIFTH month	x \$1080 = \$		OR	x \$2160 = S	

- Applicant(s) hereby petition that any additional required extension of time be granted. \boxtimes 4.
- Enclosed is our Check No. 2913 in the amount of \$1240.00 to cover the RCE Fee 5. required under 37 CFR §1.17 (e), the additional claim fee, if any, and/or extension of time fees.
- Please charge Deposit Account No. 50-0685 (AZULP003) in the amount of
- to cover the additional claim fee and/or extension of time fees.
- If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-0685 (AZULP003).
- Applicant Initiated Interview Request Form. 8.
- Please continue to send correspondence to the following address: 9. \boxtimes

CUSTOMER NO. 21912

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